FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90054 029 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V51471

1. Entity Name
BSG OF MIAMI, INC.

400008822

Principal Place of Business
~~1374 NE 163RD ST.
N. MIAMI BEACH, FL 33162~~

Mailing Address
~~1374 NE 163RD STREET
N. MIAMI BEACH, FL 33162 US~~

01212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7921 NW 29 ST	7921 NW 29 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE FL	City & State: MARGATE, FL
Zip: 33063 Country: USA	Zip: 33063 Country: USA

4. FEI Number: 65-0346848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GLUCK, ROBERT
11900 BISCAYNE BLVD
SUITE 780
NORTH MIAMI, FL 33181~~

7. Name and Address of New Registered Agent

Name: BARRY S. GLUCK
Street Address (P.O. Box Number is Not Acceptable): 7921 NW 29 ST
City: MARGATE FL Zip Code: 33063

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVTS	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	GLUCK, BARRY S		NAME		
STREET ADDRESS	7921 NW 29TH ST		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	GLUCK, NATALIE		NAME		
STREET ADDRESS	7921 NW 29TH ST		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BARRY S. GLUCK 1/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #